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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>		<b>Application Number</b>	09/813,548-Conf. #3680
		<b>Filing Date</b>	March 21, 2001
		<b>First Named Inventor</b>	Richard Gahan
		<b>Title</b>	VAPOR DEPOSITION TREATED ELECTRET FILTER MEDIA
		<b>Art Unit</b>	3743
		<b>Examiner Name</b>	M. B. Patel
		<b>Attorney Docket No.</b>	H0818.70003US00

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.**OR** I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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**OR** I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:**OR** The address associated with Customer Number:**OR** Firm or Individual Name

Address				
City		State		Zip
Country		Telephone		Email

I am the:

 Applicant/Inventor.**OR** Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Deidre Murphy</i>	Date	5/14/09
Name	Deidre Murphy	Telephone	508-850-2000

Title and Company Vice President &amp; General Counsel, Hollingsworth &amp; Vose Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of \_\_\_\_\_ forms are submitted.